



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2199

<b>SERIAL NUMBER</b> 09/120,448	<b>FILING DATE</b> 07/22/1998 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2664	<b>ATTORNEY DOCKET NO.</b> 4191.001
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**APPLICANTS**  
JOHN L SILVERS, FORT LAUDERDALE, FL;

**\*\* CONTINUING DATA \*\*\*\*\*** *Yes*  
THIS APPLN CLAIMS BENEFIT OF 60/061,334 10/08/1997 *Yes*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
\*\* 08/07/1998

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

**ADDRESS**  
MICHAEL EBERT  
HOPGOOD CALIMAFDE  
60 E 42ND STREET  
NEW YORK ,NY 10165

**TITLE**  
SYSTEM AND METHOD OF DISHARMONIC FREQUENCY MULTIPLEXING

<b>FILING FEE RECEIVED</b> 525	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT. No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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<b>SERIAL NUMBER</b> 09/120,448	<b>FILING DATE</b> 07/22/1998 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2664	<b>ATTORNEY DOCKET NO.</b> 4191.001
<b>APPLICANTS</b> JOHN L SILVERS, FORT LAUDERDALE, FL; JONATHAN STAR, SOUTH FALLSBURG, NY;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/061,334 10/08/1997				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.</b> <b>** 08/07/1998 ** SMALL ENTITY **</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 15
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> MICHAEL EBERT HOPGOOD CALIMAFDE 60 E 42ND STREET NEW YORK ,NY 10165				
<b>TITLE</b> YSTEM AND METROD OF DISHARMONIC FREQUENCY MULTIPLEXING				
<b>FILING FEE RECEIVED</b> 395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER 09/120,448 .	FILING DATE 07/22/98	CLASS 370	GROUP ART UNIT 2731	ATTORNEY DOCKET NO. 4191.001
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APPLICANT JOHN L SILVERS, FORT LAUDERDALE, FL; JONATHAN STAR, SOUTH FALLSBURG, NY.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
VERIFIED

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
VERIFIED

*None*

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
VERIFIED

*None*

FOREIGN FILING LICENSE GRANTED 08/07/98

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials <i>WBF</i> Initials _____					

ADDRESS  
MICHAEL EBERT  
HOPGOOD CALIMAFDE  
60 E 42ND STREET  
NEW YORK NY 10165

TITLE  
SYSTEM AND METROD OF DISHARMONIC FREQUENCY MULTIPLEXING

FILING FEE RECEIVED \$395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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